

LAW OFFICES
GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C.
PATENT, TRADEMARK AND COPYRIGHT PRACTICE
303 DETROIT STREET
SUITE 300
ANN ARBOR, MICHIGAN 48104-1144

(734) 913-9300
FACSIMILE (734) 913-6007
jposa@patlaw.com
dwuithen@patlaw.com
mbancroft@patlaw.com
jstaple@patlaw.com

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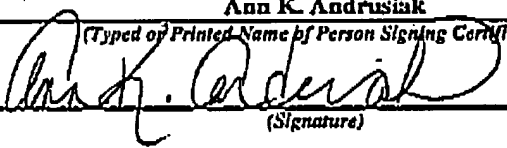
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RE: U.S.S.N. 10/827,493
Group Art Unit 3739

MESSAGE:

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. MMC-10902/29
Applicant(s): Temple			
Application No. 10/827,493	Filing Date 4/19/2004	Examiner M. Kasztejon	Group Art Unit 3739
Invention: HEATER FOR SURGICAL VIEWING INSTRUMENTS			
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I hereby certify that this <u>Amendment Transmittal; Response to Office Action</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)			
on <u>June 19, 2006</u> (Date)			
<u>Ann K. Andrusiak</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)			
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AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. MMC-10902/29	
Applicant(s): Temple						
Application No. 10/827,493	Filing Date 4/19/2004	Examiner M. Kaszlejna	Customer No. 25006	Group Art Unit 3739	Confirmation No. 3298	
Invention: HEATER FOR SURGICAL VIEWING INSTRUMENTS						
<u>COMMISSIONER FOR PATENTS:</u> Transmitted herewith is an amendment in the above-identified application. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	4 -	20 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
Signature John G. Posa (Reg. No. 37,424) Gifford, Krass, Groh, Sprinkle, Anderson & Citkowski P.C. P.O. Box 7021 Troy, MI 48007-7021 Tele: (734) 913-9300 Fax: (734) 913-6007			Dated: June 19, 2006 <div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on June 19, 2006 (Date) </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Signature of Person Mailing Correspondence VIA FACSIMILE Typed or Printed Name of Person Mailing Correspondence </div>			
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of: Temple

Serial No.: 10/827,493

Group No.: 3739

Filed: April 19, 2004

Examiner: Matthew John Kasztejna

For: HEATER FOR SURGICAL VIEWING INSTRUMENTS

RESPONSE TO OFFICE ACTIONMail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed March 17, 2006, please amend the above-referenced application as follows:

GIFFORD, KRASS, GROH, SPREngle, ANDERSON & CITKOWSKI, P.C. 2701 TROY CENTER DR., SUITE 330, P.O. BOX 7021 TROY, MICHIGAN 48067-7021 (248) 647-6000